



Sample OSCE Station 2

Examiner instructions

Station specific instructions

N/A

Construct

Demonstrates the ability to explain the need for spectacle correction for astigmatism to the parent of a four year old child.

Objectives

Content

1. Explanation of findings

- Explains variability of child's level of vision is dependent on test performed
- Explains astigmatism
- Inappropriate to discuss hyperopia

2. Management

- Full prescription provided in spectacles for constant wear.
- Review within 3-6 months
- Accept referral to HES, but must prescribe spectacles (score maximum borderline)
- If only refers to HES (score poor)

Communication

3. Relating to the Parent

- Introduces self to parent
- Is polite, considerate and respectful
- Acknowledges the parent's concerns but remains persuasive.

4. Explaining and Advising

- Gives information in a way the parent can understand
- Involves the parent fully in decisions about care
- Summarises and checks the parent has understood
- Reassures appropriately

5. Fluency of Performance

- Logical
- Confident
- Professional

Candidate instructions

Alex Raines has brought their son for an eye examination following a school vision screening test. You have carried out an examination.

Read the record card provided and explain your findings and your management to the parent.

You have five minutes for this station.

Simulated patient instructions

Role player name

Alex Raines

No of actors

1

Description

Either, 20-50

Requirements

N/A

Background

You are Alex Raines, the parent of Robin who is aged 4 years. Robin has recently started in reception class at school but where he had a vision screening test. You were not present, but you understand someone came to the school to test the vision of the children using a letter test. You received a letter to say that Robin had a problem with his vision and requires further assessment. They recommended you bring Robin for an eye examination, which you have done today.

Presentation

You are not really worried about Robin's vision at all. He plays with small toys at home and can always find the tiniest pieces. He enjoys watching TV, and lots of creative activities. When you go out for walks, he can see planes in the sky and tells you about them. No one has noticed any problems with his sight. If asked, you have never noticed a turn in his eyes. If specifically asked, he sometimes screws up his eyes in the bright sun, but you haven't thought this was unusual.

Past History

There is no history of any issues with Robin's eyes.

General Health

Robin is very healthy.

Family History

There is no family history of spectacle wear or patches or any treatment of eye conditions, although one of Robin's older cousins wears glasses. Neither you, nor your partner regularly visits an optometrist.

How to Play the Role

You are sceptical about Robin needing glasses. You were fully expecting the optometrist to say his eyes were fine. You thought that he probably hadn't understood the test at school as he does not know all his letters, and you thought it was a distracting environment for an eye test. The optometrist will probably suggest that Robin needs to wear glasses all the time to correct his astigmatism (and explain what that means). If so, you should say that you think he is probably too young, and would it not be OK to leave it for a while and see how he gets on at school.

You should be prepared to be persuaded, provided you hear that failing to wear spectacles could result in 'lazy eyes' or reduced vision later in life. The optometrist should also explain that whilst Robin's vision seems OK for the tasks he is doing at the moment, as his visual world becomes more complex at school, he will start to find it more difficult to see adequately. Provided you receive a convincing explanation in appropriate language you should be happy to go ahead with some glasses for Robin. If not, remain sceptical.

It is possible that the optometrist will suggest seeing Robin again within 3-6 months to repeat his eye examination before prescribing spectacles. You should still receive an explanation of astigmatism with the likely consequences of non-correction as above, If so, you should accept this recommendation.

If the optometrist recommends referral to the eye hospital without suggesting any other action, you should accept this and comply.

Questions to ask if given the opportunity

- Why do you think he failed the school screening but can see your small pictures?

Equipment

Station specific

- Record Card

Standard

- Four chairs
 - Three clipboards
 - Three pencils
 - One eraser
 - One pencil sharpener
 - Plain paper
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Record Card

Name	Robin Raines
Age	4
Reason for visit	Referred by school orthoptic screening. <u>LogMAR</u> (crowded) R 0.20 L 0.20
History and Symptoms	No problems noticed with vision at home. Just started reception class. No problems reported by teacher.
Ocular History	First eye examination
General Health	Good
Medications	None
Family History	No history of refractive error in parents, squint or patching.
Occupation	Reception class at school
Unaided vision	Kay Pictures (Single) R 6/6 L 6/6 Knows some letters Snellen R 6/12pt L 6/12pt (hesitant) Near (Reduced Kay Pictures) Snellen equivalent R 6/6 L 6/6
Cover Test	<u>Orthophoric</u> Distance and Near
Motility	Full
Convergence	To nose
Pupils	PERRLA No RAPD
Stereoacuity	TNO 60secs
Subjective Result	Cycloplegic Retinoscopy Result WD 50cm Cyclopentolate 1.0% R +1.00/ -2.50 x 180 L +1.00/-2.50 x 180
Ophthalmoscopy	Clear media R&L Discs appear healthy. Clear macula reflexes. Periphery appears normal R&L.
Visual Fields:	Not tested
Colour Vision:	Not tested